

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	60607	12/17/00
O.I.P.E. CLASSIFIER		96	1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60870	1-11-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
(Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1		5/21/01	
2		1/19/02	
3		8/4/02	
4		5/24/03	
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35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51		5/21/01	
52		2/13/02	
53		8/4/02	
54		5/24/03	
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60	✓	✓	✓
61	✓	✓	✓
62	✓	✓	✓
63	✓	✓	✓
64	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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